Direct Behavior Ratings (DBRs)

When behavior problems persist despite effective classroom management and well implemented behavior plans, some students are considered for a more restrictive setting and or possibly psycho-pharmacological intervention such as ADHD medication. In these cases, careful data collection concerning student behavior is important. Pelham (1993) used teacher daily behavior report card ratings to effectively evaluate student's response to varying doses to psycho-stimulant medication. Direct Behavior Ratings (DBRs) are being investigated as a feasible and accurate way of assessing behavioral progress for higher stakes decision making such as least restrictive environment, IEP goals and medication evaluation (Christ, Riley-Tillman & Chafouleas 2009). Riley-Tilman, Chafouleas, Christ, Briesch, & LeBel (2009) describe DBRs and provide information concerning wording of items that can help ratings to be more accurate. Further examples of DBRs are found at www.directbehaviorratings.com. Advantages of DBRs include their feasibility and that they can be used to capture incidents of serious but low incidence behaviors that might not be observed during classroom observation.

One way to clarify and anchor behavior ratings for teachers is to use a behavior rubric. The rubric helps teachers to be more consistent with ratings by associating them with descriptors including frequency or estimated percentage of time student is engaged in a behavior and or how much prompting or support is required for the student to engage in a desired behavior. That way, ratings do not change or 'drift' as student expectations change over time and different raters use a similar framework to rate student behavior. Training teachers to use DBRs also increase accuracy of information collected (Schlientz, Riley-Tiliman, Briesch, Walcott, & Chafouleas, 2009). The rubric provides a guideline for teachers to follow and refer back to.

Christ, T. J., Riley-Tillman, T. C., & Chafouleas, S. M. (2009). Foundation for the development and use of Direct Behavior Rating (DBR) to assess and evaluate student behavior. *Assessmen for Effective Intervention*, *34,* 201–213.

Pelham, W. E. (1993). Pharmacotherapy for children with attention deficit hyperactivity disorder. *School Psychology Review, 22,* 199–227.

Riley-Tiliman, T., Chafouleas, S., Christ, T., Briesch, A., & LeBel, T. (2009). The Impact of Item Wording and Behavioral Specificity on the Accuracy of Direct Behavior Ratings (DBRs). *School Psychology Quarterly*, *24*(1), 1-12.

Developing a 1-5 Direct Behavior Rating (DBR) form

1. Identify and prioritize behaviors of concern in observable terms. It is a good idea to design behavior ratings in collaboration with a school psychologist or other professional with experience describing behavior problems clearly in observable terms. The rubric describes some behaviors that interfere with student learning and adjustment in school for anchoring ratings. When psycho-stimulant medication is being considered, ratings of possible side effects (e.g., lethargy, increased hyperactivity, mood problems such as sadness and/or irritability) can be monitored.

2. Determine a goal level for each behavior. For example, a teacher may determine that ratings of 4 out of 5 would be an acceptable level of behavior for the child and would indicate that the student's behavior (or mood) is not interfering with positive adjustment and learning in school.

3. Determine if there are target behaviors that are better documented through frequency counts (tantrums, physical aggression, and or number of time outs).

4. Ratings may be provided once or twice a day depending on whether or not there are significant differences in behavior in the morning and afternoon.

5. Collect baseline ratings of behavior. Make sure that behavioral descriptions 'fit' the problem. Get the bugs out.

6. After sufficient baseline data is collected to get an idea of how the student is behaving on a daily basis, implement behavioral intervention(s).

7. Continue to rate behaviors on a daily or twice a day basis.

8. Graph data indicating intervention changes.

9. If the student does not achieve goals, consider revising or changing the intervention.

10. In collaboration with a team of professionals and the student's parents, if behavioral or counseling approaches are not sufficiently effective, determine whether interventions such as medication or interventions requiring a more restrictive setting are warranted (after appropriate comprehensive evaluation and diagnosis).

11. In the case of medication intervention, teachers continue to rate behaviors without the child (if possible) or teacher knowing when medication starts. This way, ratings are 'blind' (not influenced by expecting changes). Other school staff (e.g., school nurse and school psychologist) should be notified of students who are taking medication.

12. Continue monitoring and adjusting interventions/treatments (in the general education and/or special education setting) until optimal adjustment is accomplished. This may include collaborating and sharing behavior graphs with prescribing physicians in order to titrate medications.

Behavior Ratings for _____ *Week of* _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Student was focused on his work and on task					
Student completed work to the best of his ability					
Student followed directions the first time, with minimal prompting.					
Student kept body where it was supposed to be.					
Student spoke at the right times (didn't call out, make noises).					
Student's mood was positive.					

See rubric for scoring key

Key:

1	2	3	4	5
Hardly ever	Rarely	About half of the time	Most of the time	Almost always

*Indicate different ratings for am and pm or specific times of the day if there is a significant difference in behavior.

Frequency counts:

Number of times Student hit other students.					
Number of in class time outs today					

	Monday	Tuesday	Wednesday	Thursday	Friday	
Student's energy/activity level was 1. Listless (too little energy) 3. Good energy (conducive to learning and social interaction) 5. Too much energy (Hyperactive/impulsive)						**am** **pm**

Rubric for daily behavior ratings

Behavior description	Ratings of 1-2 = 0 to 40% of the time	Ratings of 3 = About half (40-60%) of the time	Ratings of 4 – 5 = 60 to 100% of the time
Student was focused on his work and on task	Student was frequently off task and not paying attention. (Rating of 1= Focused on speaker or on task 0–20% Rating of 2 = 20-40% of time) with prompts and re-direction.	Student is inconsistent with attention and or orientation/engagement with work. Focused on task or speaker about 40-60% of the time. Needs prompts/redirections.	Student is consistently oriented visually to the speaker, task at hand and or engaged in work (Rating of 4=60-80% and 5 = 80 – 100% of time) . Needs little to no more prompting than typical students.
Completed work and tries as hard as he could.	Student did not complete much work and what he completed was poor quality relative to his best work. Rating of 1 = 0 – 20% completed accurately. Rating of 2 = 20 – 40% of work completed accurately.	About half of work completed accurately: Rating of 3 = 40 – 60 % of work completed accurately.	Student completed work to the best of his ability. Rating of 4 = 60 – 80% completed accurately. Rating of 5 = 80 – 100% completed accurately.
Student follows directions (that he/she understands) the first time and keeps following them.	Student ignores requests despite repeated requests, incentives and or threats. Is frequently oppositional. Rating of 1 = Follows directions and or prompts 0 – 20% of time. Rating of 2 = Follows directions and or prompts 20 – 40% of time.	Attention wandered or student chose not to do what adults asked him to do about half (40-60%) of the time. Student may need directions or prompts repeated once or may need incentive or warning to keep following them.	Student for the most part (4 = 60-80% of the time) or consistently (5 = 80-100% of the time) follows directions the first time when he/she hears and understands them.
Kept body where it was supposed to be.	Student refused to heed prompts to be where he was supposed to be. * Rating of 1 = 0 – 20% of time not sitting appropriately in place despite prompts and reminders. * Rating of 2 = 20 – 40% of time not sitting appropriately in place despite prompts and reminders.	Student was sitting where he was supposed to, but required frequent adult prompts to do so. Away from designated spot 40-60% of the time.	Student sat where he was supposed to be according to class rules. He did not depend on adult prompts to be where he was supposed to be. * Rating of 4 = 60 – 80% in the right place with few reminders * Rating of 5 = 80 – 100% in the right place with minimal or no reminders (typical for age).
Speaking politely and not making noises.	Student frequently calls out, makes noises, talks when not supposed to and is distracting to the group. Does not quiet despite specific requests to be quiet or raise hand to speak.	Student may make some noises or calls out of turn but quiets when prompted. Does not need many prompts (e.g., more than 2 or 3 in a lesson).	Student refrains from making noises and talking out. Needs minimal reminders. 4= occasional problem 5 = consistently age appropriate
Student was happy and seemed comfortable with his surroundings (mood was positive).	Student was very easily upset (irritable, agitated, anxious or sad) to the extent that he/she acted out or had difficulty participating.	Student was occasionally upset easily. Emotional reactions (sadness, anxiety, and or irritability) to situations may be somewhat exaggerated.	Student enjoyed being with peers and was not easily bothered. Mood is generally positive and appropriate to the situation.